

LOWER EXTREMITY ORDER FORM

SCHEDULING

P: 408.374.8897
 F: 408.374.8995
 E: LosGatosOrders@RAYUSradiology.com

LOS GATOS

800 Pollard Rd., Suite B101
 Los Gatos, CA 95032

Directions on back

- Patient will call to schedule
- Call patient to schedule

If faxing an order, please include:

- Demographics
- Insurance card
- Clinical notes



TAX ID 52-1278857

Appointment date and time		Check-in time	Patient DOB	<input type="radio"/> M <input type="radio"/> F
Patient name (as shown on insurance card)		Primary phone #	Secondary phone #	
Insurance name		Insurance ID #	Group #	
<input type="radio"/> Auto <input type="radio"/> Workers' comp <input type="radio"/> Commercial/Private	Date of injury	Pre-authorization #		
(REQUIRED) Written diagnosis/reason/symptom for exam(s). Must include specific clinical indications (such as location, context and severity) to support medical necessity for each test.		Clinical Decision Support (CDS)		
		Required for Medicare Part B		
		Modifier (determination)	G-code (vendor)	
Is the exam/procedure related to an injury? <input type="radio"/> No <input type="radio"/> Yes If yes <input type="radio"/> Initial <input type="radio"/> Subsequent or <input type="radio"/> Sequela				

MRI

IV contrast as clinically indicated by radiologist OR No contrast

MIDFOOT/HINDFOOT/ANKLE

L OR BIL

- Achilles
- Talar dome lesion
- Fracture/Contusion
- Heel pain
- Ligament injury
- Mass/Cyst
- Osteomyelitis
- Plantar fascia
- Sinus tarsi talar
- Tarsal coalition
- Tarsal injury
- Tendon injury

FOREFOOT

L OR BIL

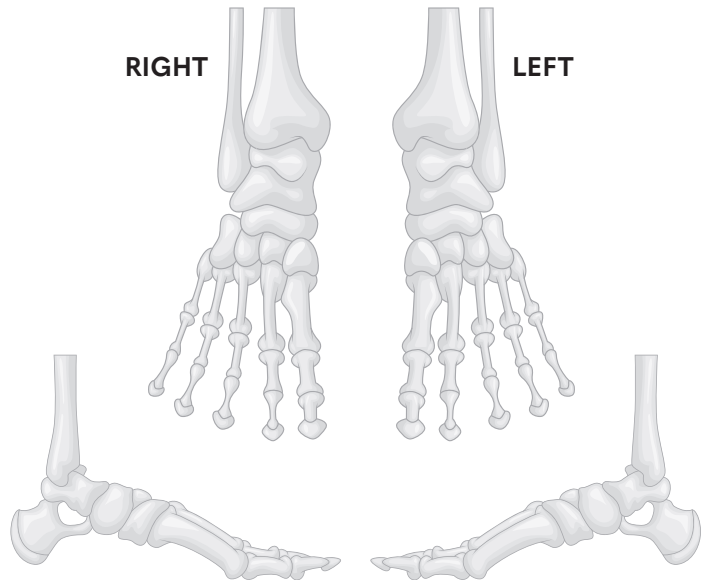
- Fracture/Contusion
- Mass/Cyst
- Metatarsals
- Morton's neuroma
- MTP abnormality
- Osteomyelitis
- Plantar plate
- Tendon injury

LISFRANC (MIDFOOT)

L OR BIL

Other _____

CIRCLE AREA OF INTEREST



NOTES/HISTORY

Previous treatments/imaging/exams <input type="radio"/> No <input type="radio"/> Yes What type _____ Location _____ Date _____	
REPORTING METHOD <input type="radio"/> CD <input type="radio"/> Provider's portal <input type="radio"/> STAT <input type="radio"/> Routine	
Provider name (print)	Provider address Street/City/Zip
Phone #	
Provider signature (required) <i>Do not use rubber stamp.</i>	NPI # (required for new providers)
Date	

SCHEDULING

P: 408.374.8897

F: 408.374.8995

E: LosGatosOrders@RAYUSradiology.com



LOS GATOS

800 Pollard Rd., Suite B101
Los Gatos, CA 95032

TRAVELING NORTH ON HWY. 17

- Exit at Lark Ave. and turn left onto Lark Ave.
- Turn right onto Winchester Blvd.
- Turn left onto Knowles Dr.
- Continue on Knowles Dr. which turns into Pollard Rd.
- Turn left into the RAYUS Radiology parking lot.

TRAVELING SOUTH ON HWY. 17

- Exit at Lark Ave. and turn right onto Lark Ave.
- Turn right onto Winchester Blvd.
- Turn left onto Knowles Dr.
- Continue on Knowles Dr. which turns into Pollard Rd.
- Turn left into the RAYUS Radiology parking lot.

TRAVELING NORTH ON HWY. 85

- Exit Hwy. 17 South towards Santa Cruz
- Exit at Lark Ave. and turn right onto Lark Ave.
- Turn right onto Winchester Blvd.
- Turn left onto Knowles Dr.
- Continue on Knowles Dr. which turns into Pollard Rd.
- Turn left into the RAYUS Radiology parking lot.

TRAVELING SOUTH ON HWY. 85

- Exit at Winchester Blvd. and turn left onto Winchester Blvd.
- Turn left onto Knowles Dr.
- Continue on Knowles Dr. which turns into Pollard Rd.
- Turn left into the RAYUS Radiology parking lot.

